



**Paul Kenzie, O.D.**

108 N. Main Street  
Plymouth, MI 48170

Date \_\_\_\_\_

Mr.  
Mrs.  
Ms.  
Dr.

\_\_\_\_\_

**Last name**

**First**

**Middle**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City**

**State**

**Zip**

\_\_\_\_\_

**Home Phone**

\_\_\_\_\_

**Work Phone**

\_\_\_\_\_

**Occupation**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Insurance Company** *(If Vision is a coverage service)*

**How did you hear about our office?**

\_\_\_ Yellow Pages

\_\_\_ Street Sign

\_\_\_ Insurance List

\_\_\_ Website/Internet

\_\_\_ Friend – *Whom may we thank for referring you?*

\_\_\_\_\_